

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013293

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3734

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 8 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #. I

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

3658 West Pine

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First GEORGIA

Middle

GLAUDELL

Last

4. DATE OF DEATH

Month 3-30-63

Day

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-19-99

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months 3 Days 21

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe Cutter

10b. KIND OF BUSINESS OR INDUSTRY

Shoe Industry

11. BIRTHPLACE (City and state or country)

St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Spain Lagrange

13b. MOTHER'S MAIDEN NAME

Mayme Sullivan

14. NAME OF HUSBAND OR WIFE

Lee Claudell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Rita Fletcher 112 St. Robert Cahokia Ill.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Subarachnoid hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

14 days

DUE TO (b)

Hypertensive Cardiovascular disease

DUE TO (c)

443X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3-15-63

to 3-30-63

and last saw her him alive on 3-30-63

Death occurred at

7:20 pm

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

SRSchultz

(Degree or title)

M.D.

22b. ADDRESS

1515 LAFAYETTE AVE

22c. DATE SIGNED

3-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-2-63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thomas J. Finan 1519 S. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

APR 1 1963

26. REGISTRAR'S SIGNATURE

Loan Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1

2 2/9/63

3

4 1

5 2

6

7 0

8 2

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10

11

12 75-0

13

75

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert M. Marway

Licensed Embalmer No. 3749

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.